

New York State Car Wash Association Membership Form



Indicate the type of membership for which you qualify by writing in the number of memberships you would like to purchase:

Carwash (Primary Membership)..... # _____ at \$250.00
 Manufacturer/Supplier/Distributor..... # _____ at \$250.00
 Additional Locations (Associate Memberships*)..... # _____ at \$20.00
 Total \$ _____

*Associate Membership is only available to additional carwash locations at \$20.00 per additional location. Associate Memberships are available only after a Primary Membership has been established and includes a window sticker and Northeast Carwasher magazine.

We need this information!

Company Name _____
 Street Address _____
 City/State/Zip _____
 Contact Person _____
 Company Phone () _____ Company Fax () _____
 Email Address _____

Type of operation and number of each: tunnel _____ self-serve _____ in-bay automatic _____

What issues would you like the association to explore this year? _____

If you are purchasing one or more Associate Memberships, please provide the following information for each Associate Membership. If needed, write additional locations on the back of this form.

Carwash Name _____ Manager _____
 Street Address _____ City/State/Zip _____

Carwash Name _____ Manager _____
 Street Address _____ City/State/Zip _____

Method of Payment

- Check/Money Order made payable to: **New York State Car Wash Association**
- Visa®
- Mastercard®
- Pay on line at www.nyscwa.com

Account Number

Expiration Date / Card ID# _____

Name on Card (please print) _____

Signature _____

Please mail this completed membership form (with check as applicable) to:

NYSCWA * PO Box 230 * Rexford, NY 12148